

FILED MAY 19 1944

Registration District No. 1756

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 71 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Rosa Etta Riechman

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Elza Riechman

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 2, 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Province

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Elza Riechman

(b) Address R.F.D. # 2, Diamond, Mo.

17. (a) burial (b) Date thereof 5/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Point Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 5-4-44 (b) Arthur S. Sudholter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 2, Diamond  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1944 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_

that I last saw him alive on April 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Fractures of pelvis with rupture of urinary bladder & shock  
Automobile accident

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Apr 28, 44  
(c) Where did injury occur? Joplin  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public highway  
(Specify type of place) (e) Means of injury Auto

While at work?

23. Signature P. V. Webster (M. D. or other)  
Address Carthage, Mo. Date signed May 2, 44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-4-373

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address

*Japhis mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**